Town of Highlands Dog Adoption Profile & Back Ground Sheet

City/State: C Home Phone: C Work Phone: NY I Email Estimated Yearly income: Have you or any member of your family convicted of animal	Zip Code:
Home Phone: C Work Phone: NY I Email Estimated Yearly income: Have you or any member of your family convicted of animal	Priver's License or NY ID: Estimated Monthly Bills:
Work Phone: NY I Email Estimated Yearly income: Have you or any member of your family convicted of animal	Driver's License or NY ID: Estimated Monthly Bills:
Email Estimated Yearly income: Have you or any member of your family convicted of animal	Estimated Monthly Bills:
Estimated Yearly income:Have you or any member of your family convicted of animal	Estimated Monthly Bills:
Have you or any member of your family convicted of animal	
	cruelty or are currently under investigation for animal cruelty: Yes / No
If Yes who and what for:	
Please tell us why you're interested in adopting a dog:	
1. Housing: Own / Rent (Have you received your	landlord's approval? Yes / No) Living with Parents Yes / No
Fenced yard at your property? Yes / No	
2. Landlord's Name:	Landlord's phone
3. My household consists of: Adults only,	Family with children older than 10 years old
Family with young children under 10 years ol	d Live alone.
4. The activity level in my home is: Quiet / Active / H	ectic
If answered to Hectic please explain:	
• •	
5. I am rarely home (sleep there only) at h	ome when not at workhome all day (or someone is there)
If Yes rarely home please explain:	•
	animals? Yes / No If Answered yes:

1. What type of pet have you owned in the	past 5 years?		
2. How long owned the dog	Do you	Do you currently own the dog?	
If answer no reason you no longer own:_			
3. Current pets in household:			
4. Type of pet:	age	sex	altered (spayed/neutered)?
Type of pet:	age	sex	altered (spayed/neutered)?
Type of pet:	age	sex	altered (spayed/neutered)?
Type of pet:	age	sex	altered (spayed/neutered)?
5. Is the Dog kept inside / outside / both.6. Who / will be your veterinarian?			
6. Who / will be your veterinarian?7. How much money do you anticipate spen	nding per year for food	, training, toys	s, vet bills, etc each year?
6. Who / will be your veterinarian?	nding per year for food Your guess as to yearly	, training, toys	s, vet bills, etc each year? t on a pet \$
6. Who / will be your veterinarian?7. How much money do you anticipate spen	nding per year for food Your guess as to yearly Mostly indo	amount spent	s, vet bills, etc each year? on a pet \$ Mostly Outdoors o indoors & outdoors
6. Who / will be your veterinarian?	nding per year for food Your guess as to yearly Mostly indo at night adjust to your existing	amount spentors Free access t	s, vet bills, etc each year? on a pet \$ Mostly Outdoors o indoors & outdoors

Please check box before signing.

☐ I certify that all the information in this application is true and no information is withheld, I understand that false information or refusing to answer any questions may void the adoption and future adoptions from the Town of Highlands Dog Control.

Date _____

The Town of Highlands reserves the right to deny adoptions. Our priorities are the health, safety and future well-being of the dog in our care and the health, safety and expectations of people who visit us with hopes of finding a pet who will match their interests, lifestyle and existing companion animal(s).

Investigation Form

I have reviewed these topics (amount of time to vary, dependin	g on adopter's experience):
Verified:	
[] No animal cruelty Background [] Landlord aware and ok with pets [] Can provide shelter and subsidence	
Adoption finalized and authorized? Yes / No	
Department Head / Designee signature:	Date:
If no, why not?	
Adoption Follow-up	
Date: Time:	
	has all requirements been met: Yes / No
If no reason:	
This section is to be completed by the department head or h	
1. [] Time commitment (incl. exercise, training) Notes:	
The scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Notes: Control of the scaping prevention measures: Control of the scape prevention measures:	
4. [] Vaccinations and routine veterinary care:	
7. [] Financial Commitment and ability: Note:	
8. [] Introducing dog to children living in the household:	
Dog Control Officers Signature:	Date: